

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>B005003</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>01/15/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>ALMOST HOME INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1919 VAN BUREN GREAT BEND, KS 67530</b>		
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S 000	INITIAL COMMENTS  The following citations are the result of an Initial Survey at the above named Home Plus Facility in Great Bend, Kansas on 01/12/15, 01/13/15, 01/14/15, and 01/15/15.	S 000		
S 140 SS=E	26-39-103 (i) Resident Right Privacy and Confidentiality  (i) Privacy and confidentiality. The administrator or operator shall ensure that each resident is afforded the right to personal privacy and confidentiality of personal and clinical records. (1) The administrator or operator shall ensure that each resident is provided privacy during medical and nursing treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups. (2) The administrator or operator shall ensure that the personal and clinical records of the resident are maintained in a confidential manner. (3) The administrator or operator shall ensure that a release signed by the resident or the resident's legal representative is obtained before records are released to anyone outside the adult care home, except in the case of transfer to another health care institution or as required by law.  This STANDARD is not met as evidenced by: KAR 26-39-103(i)(1)  The census equalled seven the sample included three Residents. Based on interviews, observations, and reviews of records, for one of three sampled (#185) and one non-sampled (#180) the facility failed to ensure the Resident afforded the right to privacy and confidentiality	S 140		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S 140	<p>Continued From page 1</p> <p>during medical and nursing treatment, personal care, visits, and meetings of family.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- By interview on 01/12/15 at 12:30pm, during entrance conference, Operator/RN (registered nurse) stated we use both audio and video equipment in Resident rooms. Operator/RN stated we use these monitors to alert staff to movement and stirrings in Resident rooms, indicating they may be attempting to transfer or ambulate without the assistance of staff for safety reasons... the volume increased at night... the monitors sometimes in living room but in the kitchen usually for night staff to view/hear... the Residents and family members are informed at the time of admission... no formal consent forms or documentation of that available.</li> </ul> <p>On 01/12/15 at 1:55pm observed small monitors in the living room area when looking at facility license on the built in book shelves. These monitors not operating at this time (blank screen and no sound).</p> <p>On 01/12/15 at 2:00pm observed electronic devices in room of sampled #185. A motion detector positioned on the floor near the door way of room activated and sounded alarm for staff if #185 attempted to get out of bed. In addition a small visual monitor in room allowed staff to see if #185 stirring or moving in bed, to intervene before #185 able to stand or transfer unassisted and potentially fall.</p> <p>Record review revealed #185 admitted to facility 6/13/14 with diagnoses of Orthostatic hypotension, Sick sinus syndrome, Hypertension, Depression, and Cerebral artery disease.</p>	S 140		

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S 140	<p>Continued From page 2</p> <p>The current functional capacity screen (FCS) assessed #185 in need of physical assistance (2) with bathing, dressing, toileting, transfers, and mobility; unable to perform (3) medication and treatment management; with cognitive impairment (4) long and short term memory, decision, and recall impairments; with falls/unsteadiness, visual and hearing impairments, and impaired decision making.</p> <p>The current 6/13/14 negotiated service agreement (NSA) lacked fall prevention and lacked identification of audio or visual monitoring devices.</p> <p>The current 7/07/14 Health Service Plan contained the entry "High Fall Risk - Nurse Call band - 2 person assist as needed, 1 at all times - Personal alarm and audio visual monitor at bedtime." This document not signed or acknowledged by the Resident or the Resident's legal representative.</p> <p>By interview on 01/13/15 at 4:15pm Operator/RN stated I do not have policies and procedures for the use of the audio/visual monitoring equipment... I make sure family knows it's there... no written informed consent practice... it is written on the Health Service Plan but not on the NSA or anything they would sign or acknowledge... the same for both Residents #187 and #180...</p> <p>The facility failed to ensure #180 and #187 the right to privacy and confidentiality during medical and nursing treatment, personal care, visits, and meetings of family.</p>	S 140		

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S5085	Continued From page 3	S5085		
S5085 SS=D	<p>26-42-201 (c) Functional Capacity Screen Reassessment</p> <p>(c) Designated staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements:</p> <p>(1) At least once every 365 days;</p> <p>(2) following any significant change in condition as defined in K.A.R. 26-39-100; and</p> <p>(3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant.</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-42-201(c)</p> <p>The census equalled seven the sample included three Residents. Based on observations, interviews, and reviews of records, for one of three sampled (#187), the Operator failed to ensure designated staff conducted a screening to determine Resident's functional capacity following any significant change in condition.</p> <p>Findings included:</p> <p>- Review of record revealed #187 admitted to facility 10/24/14 with diagnoses of Diabetes, Degenerative joint disease, Congestive heart failure, History of falls, Atrial fibrillation, and West Nile virus.</p> <p>The current 10/20/14 FCS (functional capacity screen) assessed #187 in need of physical assistance (2) with bathing, dressing, and eating; in need of supervision (1) with toileting, transfers, mobility; unable to perform (3) medication and treatment management; continent of bladder; with</p>	S5085		

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S5085	Continued From page 4  short and long term memory impairment, decision making and memory recall impairment; with falls/unsteadiness and vision impairment.  By observations on 01/12/15 at 3:00pm and on 01/13/15 at 11:40am, #187 ambulated to each destination (living room recliner to own room, to bathroom, to kitchen, to dining room) with Certified staff #C and #D at side utilizing a gait belt for security.  By interview Certified Staff confirmed this the usual routine for #187... we do assist with all toileting, bathing, dressing, walking, transfers...  On 01/13/15 at 4:15pm Operator/RN (registered nurse) confirmed #187 in need of assistance with all activities of daily living... confirmed the current FCS no longer accurate... stated he/she was stronger when admitted... stood to wipe self, fell over forward... did experience a significant change but I did not re-do the FCS.  The Operator failed to ensure designated staff conducted a screening to determine #187's functional capacity following any significant change in condition.	S5085		
S5215 SS=E	26-42-104 (d) Disaster and Emergency Preparedness Education  (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the home 's emergency management plan; (2) education of each resident upon admission to the home regarding emergency	S5215		

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S5215	<p>Continued From page 5</p> <p>procedures; (3) quarterly review of the home ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location.</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-42-104(d)(3)</p> <p>The census equalled seven the sample included three Residents. The facility identified 32 employees hired since opening. Based on review of record and interviews, for all Residents and employees, the Operator failed to ensure a quarterly review of the home's emergency management plan with employees and residents.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- On 01/12/15 at 2:35pm and on 01/13/15 at 3:01pm, inquired about the quarterly reviews of the facility emergency management plan with employees and residents. On each occasion the Operator/RN (registered nurse) confirmed no formal reviews or documentation of emergency plan reviews available... stated I do the education process when Residents admitted and when staff hired... we talked about tornadoes several times when in a watch last summer... no formal review of the entire plan with Residents and staff.</li> </ul> <p>The Operator failed to ensure quarterly reviews of the facility emergency management plan completed with Residents and Employees.</p>	S5215		

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S5230	Continued From page 6	S5230		
S5230 SS=E	<p>26-42-207 (b)(5)(6) (c) Infection Control Policies</p> <p>(b)(5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident 's food, or resident care equipment until the condition is no longer infectious;</p> <p>(6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting;</p> <p>(c) Each administrator or operator shall ensure the home 's compliance with the department 's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-42-207(c)</p> <p>The census equalled seven the sample include three Residents. The facility identified 32 employees hired since opened. Based on interviews and reviews of records, for five of five employee reviewed, (#A, #B, #C, #D, and #E), and for two of three sampled (#185 and #187), the Operator failed to ensure the home's compliance with the department's TB (tuberculosis) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.</p> <p>Findings included:</p> <p>- Review of records on 01/12/15 and 01/13/15 revealed the following:</p>	S5230		

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S5230	<p>Continued From page 7</p> <p>#A - CMA (certified medication aide) - hired 11/08/14 - record contained one TB skin test administered 7/11/14, lacked the date read, documented 0mm (millimeters) of induration; record lacked a second step TB test and lacked a TB symptom questionnaire.</p> <p>#B - CMA hired 9/06/14 - record contained one TB skin test administered 3/28/14, read 3/31/14 as 0mm; record lacked a second step TB test and lacked a TB symptom questionnaire.</p> <p>#C - CNA (certified nurse aide) - hired 8/19/14 - record contained one TB skin test administered 4/14/14, read 4/16/14 as 0mm; record lacked a second step TB test and lacked a TB symptom questionnaire.</p> <p>#D - CNA - hired 6/02/14 - record contained one TB skin test administered 7/02/14 (more than seven days after hire) read 7/05/14 as "negative" (not mm of induration as required); second step TB test administered 9/16/14 (more than 30 days after the first step) read 9/19/14 as "negative"; record lacked a TB symptom questionnaire.</p> <p>#E - RN (registered nurse) - hired 10/08/14 - record lacked documentation of any TB testing or TB symptom questionnaire.</p> <p>#185 - admitted 6/13/14 - record contained one TB skin test administered 7/24/14 (more than seven days after admission) read 7/27/14 as "negative"; second step TB skin test administered 8/25/14 read 8/28/14 as "negative"; record lacked a TB symptom questionnaire.</p> <p>#187 - admitted 10/24/14 - record contained one TB skin test administered 10/21/14; record lacked the date and results of this administration; record</p>	S5230		



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S5230	<p>Continued From page 8</p> <p>lacked a second step TB skin test; record lacked a TB symptom questionnaire.</p> <p>On 01/13/15 at 1:00pm and at 4:04pm Operator/RN confirmed no additional TB documentation available for review.</p> <p>The Operator failed to ensure the home's compliance with the department's TB (tuberculosis) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 for employees #A, #B, #C, #D, #E, and sampled Residents #185 and #187.</p>	S5230		